

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005161

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 032

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11

FILED FEB 19 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>BOLLINGER MO</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>                               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Crooked Creek App. 1 yr.</u>  |   | c. CITY OR TOWN <u>Crooked Creek</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>Residence</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>Residence</u>  |  |
| 3. NAME OF DECEASED<br>(Type or print) <u>CHLIE MATHIAS</u>   |   | 4. DATE OF DEATH <u>FEB 10 - 1963</u>  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>             | 8. DATE OF BIRTH <u>9-24-1880 - 82</u>                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (City and state or country)<br><u>BOLLINGER MO</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  |
| 13a. FATHER'S NAME<br><u>J R HANSON</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>POLLY KILLIAN</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>ROY MATHIAS</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><u>ROY MATHIAS</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Congestive heart failure</u><br>DUE TO (b) <u>arteriosclerotic heart df.</u><br>DUE TO (c) <u>Generalized arteriosclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 min</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>JAN. 2 - 63</u> , to <u>2-10-63</u> and last saw her alive on <u>2-7-63</u><br>Death occurred at <u>4:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE<br><u>John A. Englehart M.D.</u>   |   | 22b. ADDRESS<br><u>Lutesville, Mo</u>  |  |
| 22c. DATE SIGNED<br><u>2-11-63</u>  |   | 23a. BURIAL, CREMATION, or other disposal (Specify)<br><u>BURIAL</u>   |  |
| 23b. DATE<br><u>2/11/63</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Pine Union Cem</u>  |  |
| 23d. LOCATION (City, town, or county)<br><u>BOLLINGER MO</u>  |   | 24. FUNERAL DIRECTOR<br><u>Edith Ann Mayhew</u>  |  |
| 25. DATE RECD. BY LOCAL REG.<br><u>2/13/63</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs Buford Crader</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredensborg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.